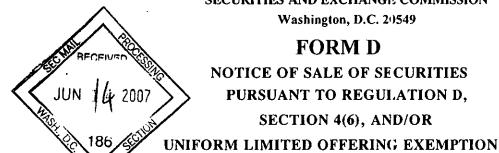
FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

1403	993
------	-----

OMB APPROVAL

OMB Number: 3235-0076 April 30, 2008 Expires: Estimated average burden

hours per response . . . 16.00

SEC USE ONLY					
Prefix	1	Serial			
DAT	E RECEIV	ED			

Name of Offering check if this is an amendment and name has changed, and in	ndicate change.)	
JCA Offshore Fund, L.P. limited partnership interests		
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	6 Section 4(6) ULOE	
Type of Filing: New Filing Amendment		
A. BASIC IDENTIFICATION DA	TA	i illiki denn kalk denn akki been kalk merk kal
1. Enter the information requested about the issuer		:
Name of Issuer (check if this is an amendment and name has changed, and ind	icate change.)	
JCA Offshore Fund, L.P.		07067721
Address of Executive Offices: (Number and Street, City, State, Zip Code)	Telephone Number	0.007721
c/o Walker House, 87 Mary Street, George Town, Grand Cayman KY1-9001, Caym	an 345/949-0100	
<u>Islands</u>		
Address of Principal Business Operations: (Number and Street, City, State, Zip Ccde)	Telephone Number (1	Including Area Code)
(if different from Executive Offices) Same		
Brief Description of Business: Investments		
Type of Business Organization		
corporation Imited partnership, already formed	other (please specify):	- "SOLOSED
☐ business trust ☐ limited partnership, to be formed	" , , , , , , , , , , , , , , , , , , ,	PROCESSED
Month Year	_	2010 E 2 2007
Actual or Estimated Date of Incorporation or Organization: 0 4 0 7	📗 🔯 Actual 🔲 Estimate	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service ab	breviation for State: FN	FINANCIAL
CN for Canada: FN for other foreign in	risdiction)	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state e) emption unless such exemption is predicated on the filing of a federal notice.

BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: · Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and · Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) JCA Fund GP, L.P. **Business or Residence Address** (Number and Street, City, State, Zip Code) c/o Walker House, 87 Mary Street, George Town, Grand Cayman KY1-9001, Cayman Islands Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Thomas, John (Number and Street, City, State, Zip Code) Business or Residence Address 1100 Larkspur Landing Circle, Suite 155, Larkspur, CA 94939 Check Box(es) that Apply: Beneficial Owner Executive Officer □ Director ☐ General and/or □ Promoter Managing Partner Full Name (Last name first, if individual) Yamada, Kouji (Number and Street, City, State, Zip Code) Business or Residence Address 1100 Larkspur Landing Circle, Suite 155, Larkspur, CA 94939 Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

B. INFORMATION ABOUT OFFERING													
1. Here the issues and an describe issues intend to call to man associated investors in this offering?								Yes № 🗌 🔯					
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?													
What is the minimum investment that will be accepted from any individual?									\$ <u>500,000</u>				
						_							Yes No
		~ .	•	-	_								⊠ ⊔
											rectly, any offering. 1		
											ith a state		
							ersons to ealer only.			nea perso	ns of such	i a broker	
			, if individ		TOT THAT O	N/A	carci only.						
Busines	s or Resid	lence Add	ress (Num	ber and S	treet, City	, State, Zi	p Code)		N/A				
Name o	f Associat	ted Broker	or Dealer		<u> </u>	N/A							
States in	n Which F	Person List	ted Has So	olicited or	Intends to	Solicit Pi	urchasers						
(Ch	eck "All S	States" or o	check indi	vidual Sta	tes)		****************						All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	(MD) (NC)	[MA] [ND]	[MI] [OH]	[MN]	[MS] {OR}	[MO]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[OK] [WI]	[WY]	[PA] [PR]	
			if individ			N/A			• •				
Busines	s or Resid	lence Add	ress (Num	ber and S	treet, City	, State, Zi	p Code)		N/A				
Name o	f Associat	led Broker	or Dealer	r		N/A				ı			
Cu	110 ' 1 E			11 1. 1	-	0.11.1.12							
			ted Has So										
													All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
(IL) [MT]	[IN] [NE]	[IA] [NV}	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)	
													· · · · · · · · · · · · · · · · · · ·
										_			

(Use blank sheet, or copy and use additiona copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchan offering, check this box and indicate in the columns below the amounts of the securiti offered for exchange and already exchanged.	ge	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	Common Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$200,000,000	\$3,500,000
	Other (Specify)	\$	\$
	Total	\$200,000,000	\$3,500,000
	Answer also in Appendix, Column 3, if filing under ULOE		
2.	Enter the number of accredited and non-accredited investors who have purchased securiti in this offering and the aggregate dollar amounts of their purchases. For offerings und Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases of the total lines. Enter "0" if answer is "none" or "zero."	ler ite	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	2	\$ <u>3,500,000</u>
	Non-accredited Investors	0	\$ <u>0</u>
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for a securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (1 months prior to the first sale of securities in this offering. Classify securities by type lists in Part C - Question 1.	2) ed	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$
	Regulation AN/A		<u> </u>
	Rule 504N/A		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution in this offering. Exclude amounts relating solely to organization expenses of the issuer. The may be given as subject to future contingencies. If the amount of an expenditure is not kneetimate and check the box to the left of the estimate. Transfer Agent's Fees	The information own, furnish an	⋈ \$0
	Printing and Engraving Costs		⊠ \$ <u>0</u>
	Legal Fees		⋈ \$300,000*
	Accounting Fees		⊠ \$ <u>0</u>
	Engineering Fees		⋈ \$0
	Sales Commissions (specify finders' fees separately)		⊠ \$ <u>0</u>
	Other Expenses (identify) State blue sky filing fees		⊠ \$ <u>400</u>
	Total		 ■ \$300,400
Estin	nate of offering and organizational expenses.		

4 of 8

	C. OFFERING PRI	CE, NUMBER OF INVESTORS, EXPENSES AN	USE OF PROCEED	S	
5.	Question 1 and total expenses furnish difference is the "adjusted gross proceed: Indicate below the amount of the adjuste be used for each of the purposes show furnish an estimate and check the box to listed must equal the adjusted gross process."	gregate offering price given in response to Part C - ded in response to Part C - Question 4.a. This is to the issuer." ded gross proceeds to the issuer used or proposed to yn. If the amount for any purpose is not known, the left of the estimate. The total of the payments ceeds to the issuer set forth in response to Part C -			\$ <u>199,699,60</u>
	Question 4.b above.	•			
			Payments to		
			Officers, Directors, & Affiliates		Payments T Others
	Salaries and fees		\(\S\\ \\$2,500,000 *		\$
	Purchase of real estate		🗆 \$		S
	Purchase, rental or leasing and insta	llation of machinery and equipment	🗆 \$		\$
	Construction or leasing of plant buil	ldings and facilities	🗆 \$		\$
	this offering that may be used in exc	luding the value of securities involved in change for the assets or securities of another			
	• •				
	•				\$ <u>197,199,60</u>
	· • • • • • • • • • • • • • • • • • • •				
				_	
	Column Totals		\(\\$2,500,000	\boxtimes	\$ <u>197,199,60</u>
	Total Payments Listed (column total	ls added)	🔯 \$1	99,69	9,600
Estim	nate of 12 months' management fee assumi	ing net asset value of the Fund equals the amount of the D. FEDERAL SIGNATURE	e Aggregate Offering F	rice.	
he is	suer has duly caused this notice to be si	gned by the undersigned duly authorized person. If	this nation is filed un	don D	ula 505 tha
fits s	ing signature constitutes an undertaking b	by the issuer to furnish to the U.S. Securities and Except to any non-accredited investor pursuant to paragrap	hange Commission, up h (b)(2) of Rule 502.	on wr	itten request
	Offshore Fund, L.P.	Signature	6/12/2	ഹമ'	7
ame CA (y: J(G(of Signer (Print or Type) Offshore Fund, L.P. CA Fund GP, L.P., its eneral Partner y: JCA Ultimate GP, Ltd. y: John Thomas	Title of Signer (Print or Type) Director			,
		ATTENTION	$\overline{\mathcal{END}}$		
		ATTENTION			

Intentional misstatements or omissions of facts constitute federal criminal violations. (See 18 U.S.C. 1001.)